Med 9

Civil Service Pension Scheme

Notes for the member and employer

Med 9 Complaints Procedure Form

This form is **only to be used to complain about the service** the Scheme Medical Adviser provides in their role as medical adviser to the Civil Service pension and Civil Service Injury Benefit Scheme arrangements.

It should not be used if you wish to complain about the outcome of referrals relating to:

- Early payment of preserved award on health grounds
- Injury benefit
- Ill health retirement

If you are appealing the outcome of your referral, please use the appropriate appeals form.

If employers or MyCSP wish to complain about the service that the Scheme Medical Adviser has provided they should provide details of the case in section one of the form.

If you are complaining as a member of the scheme you need to pass this form to your employer. They will send the form to the Scheme Medical Adviser who will investigate your complaint.

Section 1 - To be completed by member

Section 2 - To be completed by employer

Employers should send the completed form to

Health Management Limited
C/O CSPS
Medigold House
Queensbridge
Northampton
NN4 7BF

Email: pensions.t2@medigold-health.com

Receipt of the Med 9 will be acknowledged within 2 working days and will normally provide you with a full reply within 10 working days, or 21 working days if the complaint requires further investigation by a clinician. The Scheme Medical Adviser will tell you which timeline applies. Where the case concerns a member's complaint you must give the member written details about the outcome.

See the '*Ill Health Retirement – Procedural Guidance for Employers*' for details of how to escalate a complaint if the member or employer is dissatisfied with the response from the Scheme Medical Adviser. This guidance is available on the website, www.civilservicepensionscheme.org.uk under 'Employers' – 'Scheme Medical Adviser'.

Section 1 – Member to complete

(Employers or MyCSP making a complaint on an individual's case should complete this section with details of the individual).

Part One - Personal Details			
Surname			
Forenames			
Employer/ Department			
Address of Employer			
Payroll/Staff Number			
Home address			
Email address		Contact Number	
Which Pension Scheme do you belong to? Please Tick			
Classic ☐	Classic Plus ☐	Nuvos ☐	Partnership ☐
Alpha ☐	Premium ☐		

Part Two - Details of complaint	
Why was your case referred to the Scheme Medical Adviser? (Please tick box)	
Ill Health Retirement ☐	Injury Benefit ☐
	Early Payment of Preserved Pension ☐
Please give a brief summary of your complaint:	

Part Three – Please list specific complaint issues you would like the Scheme Medical Adviser to deal with-

Part Four – Desired outcome (what do you want the Scheme Medical Adviser to do?)

Part Five - Declaration
• I understand this is a complaint about the service received from the Scheme Medical Advisor. • I understand this is not an appeal against the decision on my referral. • I confirm that to the best of my knowledge the details I have supplied are correct. **Signature…… Date……..**

Please send this form to your Employer, Departmental HR Team, or MyCSP

Section 2 – Employer (or MyCSP) only to complete

Part One – Please provide any information relevant to this complaint	

Part Two – Employing Department details			
Signature		Address	
Name		Email address	
Date		Contact Number	
Purchase Order Number			
Location Code			
It is essential that you enter your employer location code allocated by the Scheme Medical Adviser. For the purposes of this referral the code is needed for identification purposes only. No charge will be made.			

Forward this complaint to:

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